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CENTRAL FAX CENTER****APR 18 2005****FAX TRANSMISSION****DATE:** April 18, 2005**PTO IDENTIFIER:** Application Number 10/650,606-Conf. #8812
Patent Number**Inventor:** Paul M. Doane**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** ROBERT R. RICHARDSON, P.S.

Robert R. Richardson

PHONE: (360) 692-0626**Attorney Dkt. #:** BA1-03-0738 (03-0738)**PAGES (Including Cover Sheet):** 20**CONTENTS:** Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (14 pages)
Amendment Transmittal (1 page)
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PTO/SB/97 (09-04)

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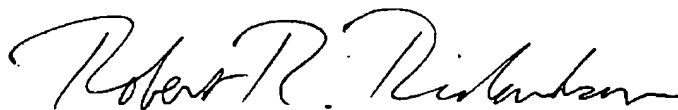
Application No. (if known): 10/650,606

Attorney Docket No.: BA1-03-0738 (03-0738)

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment in Response to Non-Final Office Action (14 pages)

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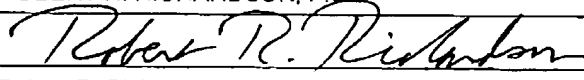
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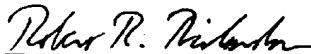
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/650,606-Conf. #8312
		Filing Date	August 28, 2003
		First Named Inventor	Paul M. Doane
		Art Unit	3661
		Examiner Name	G. Chin
Total Number of Pages in This Submission	20	Attorney Docket Number	BA1-03-0738 (03-0738)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal (1 page) Credit Card Payment Form (1 page) Fax Cover Sheet (1 page) Certificate of Transmission (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROBERT R. RICHARDSON, P.S.		
Signature			
Printed name	Robert R. Richardson		
Date	April 18, 2005	Reg. No.	40,143

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Dated: 4/18/05	Signature:  (Robert R. Richardson)

APR 18 2005

AMENDMENT TRANSMITTAL LETTER			Docket No. BA1-03-0738 (03-0738)	
Application No. 10/650,606-Conf. #8312	Filing Date August 28, 2003	Examiner G. Chin	Art Unit 3661	
Applicant(s): Paul M. Doane				
Invention: AUTONOMOUS STATION KEEPING SYSTEM FOR FORMATION FLIGHT				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	60	- 66 =		x
Independent Claims	4	- 4 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				1,020.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>503048</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Robert R. Richardson Attorney Reg. No.: 40,143			Dated: <u>April 18, 2005</u>	
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